Cooperative Learning Behavior Checklist

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| --- | --- | --- | --- | --- | --- |
| NAME | MONDAY  P T | TUESDAY  P T | WEDNESDAY  P T | THURSDAY  P T | FRIDAY  P T |
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P = PARTICIPATES IN DISCUSSION

T = STAYS ON TASK

X = EVIDENCE OF ACTION

/ = SOME EVIDENCE OF ACTION

(BLANK) = NO EVIDENCE OF ACTION